


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000003321</b> 1. Entity Name TORGERSEN EARTHMOVING, INC.	
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Principal Place of Business 1400 HOLLY HILL DR DAVENPORT, FL 33837	Mailing Address P.O. BOX 2241 DAVENPORT, FL 33836
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<b>DO NOT WRITE IN THIS SPACE</b>
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02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3698194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TORGERSEN, DAWN E 215 TORGERSEN LANE DAVENPORT, FL 33836
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000915583 05/09/08-80021-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TORGERSEN, EDWARD J III 215 TORGERSEN LN DAVENPORT, FL 33836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TORGERSEN, DAWN E 215 TORGERSEN LN DAVENPORT, FL 33836
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Dawn E. Torgersen Dawn E. Torgersen 4/16/08 863-422-2662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #